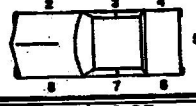



OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-1564		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO.				
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED								
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON		DATE OF CRASH: 01/26/16			DAY Tuesday		TIME: MILITARY 1750	
CRASH OCCURRED ON 100 Roughway				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) Parkinglot				CITY CODE 8321								
IF NOT IN INTERSECTION MILES 75 FEET				W N S E OF Roughway												
LOG-1		LOG-2		LOC JUR FH9 FILT												
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Coyne-Pekin /00V448208										
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Fishell, John E.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 100 Roughway Apt.9 Lebanon OH 45036												
PHONE NO. 614-558-8868		BIRTH DATE 10 / 1 / 50		AGE 65		SEX M		SOCIAL SECURITY NO.		STATE Oh			DRIVER'S LICENSE NO. RT500122		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS Same									PHONE Same			
VEH YR 2012		MAKE Honda		MODEL HB		COLOR TRQ		STYLE HB		STATE Oh		LICENSE PLATE NO. FCG1013		TOWING SERVICE FROM 5 TON		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE						
B UNIT NO. 2		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Nationwide/9234P486152										
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Carrel, Kenneth Ryan P				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1435 Drake Rd. Lebanon OH 45036												
PHONE NO.		BIRTH DATE m / D / Y		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) Carrel, Kenneth Ryan P				ADDRESS 1435 Drake Rd. Lebanon OH 45036								PHONE 513-850-9312				
VEH YR 2013		MAKE Chevy		MODEL 4S		COLOR Black		STYLE 4S		STATE OH		LICENSE PLATE NO. GMK5132		TOWING SERVICE NA		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE						
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m / D / Y		AGE		POSITION A B C D E F		INJURIES A B C D E F						
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m / D / Y		AGE		SEX		SEX						
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m / D / Y		AGE		SEX		SEX						
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m / D / Y		AGE		SEX		SEX						
A B C		INJURED TAKEN TO		By				A B C D E F		ALCOHOL A B C D E F						
D E F		INJURED TAKEN TO		By				A B C D E F		ALCOHOL A B C D E F						
A B C		INJURED TAKEN TO		By				A B C D E F		ALCOHOL A B C D E F						
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